For Official Use Only	,
Amount:	Date:
Check/Cash:	Receipt:
Received By:	
-	

## **JACKSON TOWNSHIP**

P.O. Box 213 Reeders, PA 18352 570-629-0153 570-629-1016 (fax)

## APPLICATION TO THE ZONING HEARING BOARD

1. Applicant(s) Name:		Phone:
Address:		
2. Owner of Property:		Phone:
Address:		
Address:		
4. Type of Request:  ( ) Special Exception ( ) V	Variance ( ) Appeal from Decision of	of Zoning Officer ( ) Other
5. Provide a Brief Description of R	equest:	
6. Location of Property: Parcel No:	Zone:	Acreage:
8. Proposed Use: Attach Plot Plan as Required (2 copie		
9. Section(s) of Zoning Ordinance	under Consideration:	
• • • •	cant believes the request should be grumstances creating the hardship):	
Attach Additional Pages of Explana Attach all Relevant Documents	ation if Necessary	
Applicant's Signature	Date Property Owner's S	Signature Date